

01/01/10-6/30/10

CAMPAIGN FINANCE REPORT STATE OF WISCONSIN		MILWAUKEE COUNTY ELECTION COMMISSION 2010 JUL 14 AM 11:26 RECEIVED OFFICE USE ONLY WSEB ID Number:
Is This Report an Amendment: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Instructions for completing schedules are on the back of each schedule.		
COMMITTEE IDENTIFICATION		
Name of Committee FRIENDS OF WILLIE JOHNSON JR Street Address 3869 N HUMBOLDT BLVD, APT #206 City, State and Zip Code MILWAUKEE WISCONSIN 53212		
Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. <input type="checkbox"/>		

NAME OF REPORT	
<input type="checkbox"/> January Continuing <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special <input checked="" type="checkbox"/> July Continuing <input type="checkbox"/> Pre-Election <input type="checkbox"/> Spring <input type="checkbox"/> Fall <input type="checkbox"/> Special	<input type="checkbox"/> Termination Report also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS	Column A This Period	Column B Calendar Year-To-Date	Audited Totals Office Use Only	
1. RECEIPTS				
1A. Contributions (Including Loans) from Individuals	\$ 50.00	\$ 650.00	\$ 50.00	\$ 50.00
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 150.00	\$ -	\$ -
1C. Other Income and Commercial Loans	\$.32	\$ 3.92	\$.32	\$.32
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 50.32	\$ 803.92	\$ 50.32	\$ 50.32
2. DISBURSEMENTS				
2A. Gross Expenditures	\$ 0	\$ 688	\$ -	\$ -
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 200.00	\$ -	\$ -
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 0	\$ 206.00	\$ -	\$ -

CASH SUMMARY				
Cash Balance Beginning of Report	\$ 1,251.99			\$ 1,251.99
Total Receipts	\$ 50.32			\$ 50.32
Subtotal	\$ 1,302.31			\$ 1,302.31
Total Disbursements	\$ 0			\$ -
CASH BALANCE END OF REPORT	\$ 1,302.31			\$ 1,302.31
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0			\$ -
LOANS (Balance at the Close of This Period-3B)	\$ 0			\$ -

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer Ronnie D. HART	Signature of Candidate or Treasurer <i>Ronnie D. Hart</i>	Date: 7/27/2010	Daytime Phone: 414-630-6382
---	--	------------------------	------------------------------------

The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

SCHEDULE 1-A

RECEIPTS

Contributions (Including Loans) From Individuals

Page _____ of _____

Complete Committee Name

FRIENDS OF WILLIE Johnson, JR

Instructions for completing schedules are on the back of each schedule.

[illegible]

SCHEDULE 1-C
RECEIPTS
Other Income and Commercial Loans

Page ____ of ____

Complete Committee Name

FRIENDS OF WILLEE JOHNSON JR.

Instructions for completing schedules are on the back of each schedule.

Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount	Office Use

SUBTOTAL OTHER INCOME THIS PAGE

\$ 0

TOTAL ITEMIZED OTHER INCOME

\$ 0

TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS

\$.32

TOTAL OTHER INCOME

\$.32